U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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AUG 16, AID

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1. File Number U -

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Formapproved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	01 / 01 / 09 Through: 12 / 31 / 04
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name GABRIEL M ROSETT; III	Name CONSTRUCTION and GENERAL LABORERS
	Labor Organization File Number 542-966
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 4- BRASTOW LANE	Street 2051 FLY Road
City JOR DAN	City SYRACUSE
State N 9 ZIP Code + 4 13080	State. N 9 ZIP Code + 4 130 5 7
5. Position in labor organization.  SusiNESS A	
	The second secon
Enter appropriate data below if, during the past fiscal year, you or your	spouse or minor child directly or indirectly had any of the following interests
(except as specified in the	exclusions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with monetary value from an employer whose employees your organi	n, or derived income or other economic benefit of Ization represents or is actively seeking to represent.
	The series to the control of the series of the control of the cont
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
6. Name and address of Employer (including trade name, if any).  Name	18. 3. The control of
Name	State of the control
	E. S. T. Commission of the Com
Name	7.a. Nature of Interest, Transaction, or Income.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.
Name Trade Name, if any:  P.O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  15. Signature and verification. The undersigned declares, under penaltic states and the states are states as a second states	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  Signature  ty of Perjury and other applicable penalties of the law, that all of the information pranying documents), has been examined by the signatory and is, to the best of the
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  15. Signature and verification. The undersigned declares, under penalt submitted in this report (including the information contained in any accommendation).	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  Signature  ty of Perjury and other applicable penalties of the law, that all of the information pranying documents), has been examined by the signatory and is, to the best of the

Name of Person Filing GABRIEL M. Ross	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	vise dealing with the business vely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name QCT TNUESTMENTS	9. Business deals with:
Trade Name, if any:  P.O. Box, Bldg., Room No., if any 40 A  Street GROVE STREET  City PITTSFORD  State VY ZIP Code +4 19579	a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name ONONDAGA COUNTY LABOREUS PENSION HEATH WESSARE AUNUITY AND TOWNING Trade Name, if any:  P.O. Box, Bldg., Room No., if any 7051	11.a. Nature of such dealing.  INVESTMENT Managers
Street F/Y Roge	11.b. Approximate dollar value of such dealing.
City SYRACUSE  State NY ZIP Code + 4 13057	12.a Nature of interest held or income received.  DINNER FOR Trustees and other providers  8-8-04
	12.b. Amount. UNKNOWN
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	er parts A and B above)
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	
13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing GABRIEL M. ROSETT	: 11	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actifully any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	lue from a business (1) a wise dealing with the busines vely seeking to represent, or lirectly to, or otherwise	is ·
8. Name and address of Business (Including trade name, if any).	9. Business deals with:	
Name J.P. JEONNERET ASSOCIATES  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street 100 EAST WASHINGTON STREET  City STRACUSE  State NY ZIP Code + 4 13702	a. Labor Organiza	ation
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name ONON DAGA COUNTY CABORES HEATH/WE/face  Pension/ANNUTY/Raining Funds  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such deal	a <sup>T</sup> a a
Street 7057 5/7 Road	11.b. Approximate dollar val	ue of such dealing.
city SYRACUSE	12.a. Nature of interest he	ld or income received.
State NY ZIP Code + 4 /3057	DINNER and other	for Trustees er providers
	12.b. Amount. いんに	พอพฟ
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Boy Bldg. Boom No. if any		

14.b. Amount of payment.

Form LM-30 (2003)

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

?

Street

City

State

Name of Person Filing	GABRICL	M. ROSET	

File Number U-

B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or included the dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name OPPENHE MER CAPITAL	
	a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No., if any	
Street 1345 AVENUE of the Americas	c. Employer
city New YORK	
State NY ZIP Code + 4 10/05 - 4800	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	INVESTMENTS
Trade Name, if any:	
The first term of the first and the second process of the second p	
P.O. Box, Bldg., Room No., if any	
Street :	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	DINNER for Trustees and
	8-16-04
	The state of the s
	12.b. Amount. UNUNOWN
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	or parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment

Name of Person Filing GABRIEL M. ROSETTI.	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or ind dealing with your labor organization or with a trust in which your labor organization.	vise dealing with the business vely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name ONON DAGA COUNTY LABORERS RENSION HEALH WELFORE ABOVAITY ON TOWNING  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 705/ FEY Road  City SYRACUSE  State NY ZIP Code + 4 /3057	a. Labor Organization c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Parish a Maria
Trade Name, if any:	Provide Health and penson as well as training for PARTISAPENTS of the
P.O. Box, Bldg., Room No., if any	Funds
Street .	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	ATTENDING EDUCATION and Fraining MEETINGS (See ATTACHED)

C. Received from any employer (c or from any labor relations consultant	other than an employer covered unde to an employer any payment of money	r parts A and B above) or other thing of value.
13.a. Name and address of Employer or (including trade name, if any).	Labor Relations Consultant	14.a. Nature of payment.
Name	<u> </u>	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State	ZIP Code + 4	
13.b. is the Business an Employer	or Consultant ?	14.b. Amount of payment.

12.b. Amount. 4295.73

Name:	Date of Payment	Amount of Payment	Explanation of Expenditure
Gabriel Rosetti, III	1/22/2004	\$351.50	Airfare for IFEBP Educational Conference
Business Agent			Feb 21-25, 2004 - Orlando, FL
	2/12/2004	\$2,100.00	Lodging and Meal Expenses
			IFEBP Educational Conference
			Orlando, FL - Feb 21-25, 2004
	3/3/2004	(\$435.51)	Refund
	Subtotal:	\$2,015.99	
	4/23/2004	\$915.00	Registration IFEBP
THE REAL PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS			Annual Conference
			Sept 20-22, 2004 - New Orleans
	10/16/2004	(\$915.00)	Refund - Conference Cancelled
	4/23/2004	\$243.90	Airfara IEEBD Anniial Conference
			New Orleans
AND THE REAL PROPERTY OF THE P			
	4/23/2004	\$220.35	Hotel Deposit - IFEBP Annual Conference
	Subtotal	\$464.25	
	3/5/2004	\$147 52	l oce Wares - BOT meeting
			Attendance March 2, 2004
	3/5/2004	\$630.08	Loss Wages - Educational Conference
			Attendance Feb 23-26, 2004
	3/16/2004	\$26.16	Board of Trustees Meeting Mar 2, 2004
			Meals - Wyndham Hotel
	6/25/2004	\$26.60	Board of Trustees Meeting May 18 2004
			Meals- Wyndham Hotel
	TOTAL TOTAL CONTROL OF THE STATE OF THE STAT		The state of the s
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## 2004 EXPENSES

Name:	Date of Payment	Amount of Payment	Explanation of Expenditure
Gabriel Rosetti, III			
Business Agent	9/1/2004	\$613.69	Board ot Trustees Meeting
			Lodging & Meals - Riveredge Hotel
			August 8-11, 2004
COLOR	12/21/2004	\$29.18	Board of Trustees Meeting Nov 23, 2004
A STATE OF THE STA			Meals - Wyndam Hotel
	3/9/2004	\$241.60	Fringe Benefits
	The state of the s		IFEBP Educational Conference
			Feb 21-25, 2004
			Orlando, FL
ANALAS AVAINAMENTAL MARKET AND ANALAS AND AN	3/8/2004	\$60.40	Fringa Repefits
			Board of Trustees Meeting
		TO STATE OF THE ST	March 2, 2004
	12/16/2004	\$30.26	Luncheon for Office Fund Staff
			and Board of Trustees
		( )	
20	2004 Grand Total:	\$4,295.73	January 1 through December 31, 2004
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